

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 218665

1. Entity Name

SWAN'S GROVE THREE, INC.

Principal Place of Business

DUNDEE, FL
DUNDEE FL 33838
US

Mailing Address

731 ROCK CREEK LOOP
LONGWOOD FL 32738
US

2. Principal Place of Business

WINTER HAVEN
731 Rock Creek Loop
Longwood, FL 32750

3. Mailing Address

731 Rock Creek Loop
Longwood, FL 32750



DO NOT WRITE IN THIS SPACE

4. EEI Number 59-1005160

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWAN, JAMES W
731 ROCK CREEK LOOP
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

James W Swan, President/Secretary

1-4-2001

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SWAN, JACK W	
STREET ADDRESS	PO BOX 1232	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	VD	
NAME	SWAN, JAMES F	
STREET ADDRESS	257 N MILITARY TRL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SVD	
NAME	SWAN, JAMES W	
STREET ADDRESS	731 ROCK CREEK LOOP	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Free is 15000
Certificate of status 875
Trust Fee 500
Contributions 16875

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

1-25-2001 1-25-2001 407332-7285

Date

Daytime Phone #

CR2E034 (10/00)